

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HUMAN SERVICES

Office of Fair Earnings  
441 4th Street, N.W. Suite 870 North  
Washington, D. C. 20001  
Telephone Number 202-724-5431  
Facsimile Number 202-724-4129

Date \_\_\_\_\_

REQUEST FOR A HEARING

I am requesting a hearing as I am dissatisfied with the action taken against me under the:

- ( ) Temporary Assistance for Needy Families Program (TANF)  
( ) General Public Assistance for Children (GAC)  
( ) Food Stamp Program (FS) The household has specifically  
    **waived continued benefits** [ ] Yes [ ] No  
( ) Medical Care/Medicaid Program D.C.  
    **No.** \_\_\_\_\_  
( ) Foster Care/ Adoption \_\_\_\_\_  
( ) Day Care ( ) Social Services ( ) Personal Care Services  
( ) Energy Assistance Program  
( ) Rental Vendor Payment Program  
( ) Other (Please specify)

Reason(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please use back of page for additional comments or use additional paper.)

Name \_\_\_\_\_ Case No. \_\_\_\_\_  
Address \_\_\_\_\_ Case Worker \_\_\_\_\_  
\_\_\_\_\_ Center \_\_\_\_\_  
  
Telephone No. \_\_\_\_\_ Supervisor- \_\_\_\_\_  
Representative/Lawyer \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Center Manager \_\_\_\_\_  
Address \_\_\_\_\_ Request prepared by: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Please print your name here: \_\_\_\_\_

Attachment D  
**DHSC348 (5/9R)**

Date \_\_\_\_\_

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